

15/5/2019

INS. CASE OWNER:

JACLYN

CC 6/AIG1801

5779, A

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

0309/18

Date / Time:

29/8/18

Registered in Merimen:

21/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKM 46656

Claim No.:

67441747856

Name of Insured:

LEONG LAN KENG 7MILE

Policy No.:

20076563

Insured Tel No.:

HP:

97799982

Make / Model:

VEKUS

Excess Sec II :S\$

D.O.A:

21/8/18

Place of Accident:

QUEEN ST CP

Is driver the owner?

(YES) / NO

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

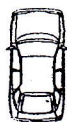
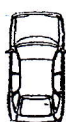
(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SKP 829P

INSRS:
WSP:
Tel:
Liability:
RMKS:Premium
CMTINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

20/8/18
VINXNSKP 829P - 6/18/18 (1801/18) / 1/6/18 - 2/18/18
SKM 46656 - 4

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 29/07/19 - VIC

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LIS

S\$

880.00

(2 days) Reduction:

61

%

Email

Call

FINAL SETTLEMENT

Date/Time:

04/10/19

Confirm with:

ADN TENG

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

880.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

160.00

(\$80 x 2 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only ☐ LOU only ☒

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$

1,017.45

Global Sum S\$:

1,010.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,010.00

Name 1:

PREMIUM CARE SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-